



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

01/20/2009

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000160911

INSTALLATION NAME: NYCSCA - PS 192X

INSTALLATION ADDRESS : 650 HOLLYWOOD AVE
BRONX, NY 10465

MAILING ADDRESS : 650 HOLLYWOOD AVE
BRONX, NY 10465

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: NYCSCA - PS 192X
or Current Occupant
ATTN: IMTIAZ AHMAD
650 HOLLYWOOD AVE
BRONX, NY, 10465**

P5192X

new#

OMB#: 2050-0028 Expires 06/30/2009

Walk in only



SEND COMPLETED FORM TO:
The Appropriate State or EPA Regional Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number N Y R 0 0 0 1 6 0 9 1 1		
3. Site Name (page 14)	Name: N.Y.C.S.C.A. PS 192X		
4. Site Location Information (page 14)	Street Address: 650 Hollywood Avenue		
	City, Town, or Village: Bronx	State: N.Y.	
	County Name: Bronx	Zip Code: 10465	
5. Site Land Type (page 14)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 5 6 2 9 1 0	B.	
	C.	D.	
7. Site Mailing Address (page 15)	Street or P. O. Box: 650 Hollywood Avenue		
	City, Town, or Village: Bronx		
	State: New York		
	Country: United States of America	Zip Code: 10465	
8. Site Contact Person (page 15)	First Name: Imtiaz Ahmad	MI:	Last Name: Ahmad
	Phone Number: (718) 417-9000	Extension:	Email address: iahmad@adamseuro.com
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Adams European Airplus Contracting Inc.		Date Became Operator (mm/dd/yyyy): 02/25/2008
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		
	B. Name of Site's Legal Owner: N.Y.C.S.C.A.	Date Became Owner (mm/dd/yyyy): 1900's	
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		

Call Holly Givovich
917-217-2866

1924

9. Legal Owner (Continued) Address	Street or P. O. Box: N.Y.C. S.C.A. Re: (PS 192x)	
	City, Town, or Village: 30-30 Thomson Avenue	
	State: Long Island City, N.Y.	
	Country: U.S.A.	Zip Code: 11101

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or

☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous Waste

Y ☐ N ☐ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☐ 2. Transporter of Hazardous Waste

Y ☐ N ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☐ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining

Y ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that you handle by marking all boxes that apply:

Manage

a. Batteries ☐

b. Pesticides ☐

c. Mercury containing equipment ☐

d. Lamps ☐

e. Other (specify) ☐

f. Other (specify) _____ ☐

g. Other (specify) _____ ☐

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter
If "Yes", mark each that applies.

☐ a. Transporter☐ b. Transfer Facility

Y ☐ N ☐ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☐ 3. Off-Specification Used Oil Burner

Y ☐ N ☐ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

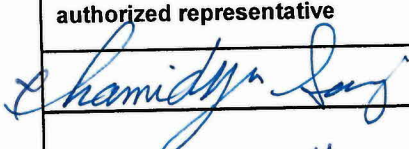
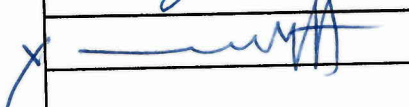
D008						
B007						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	N.Y.C.S.C.A. 30-30 Thompson Ave. L.I.C. reg 11101	11/06/08
	Abdul Zargabi Airplus Contracting Inc. President/owner	11/6/08